

# SUMMER YOUTH CAMP APPLICATION

Submit by email to: [camps@turtleislandpreserve.com](mailto:camps@turtleislandpreserve.com), or by post to: Turtle Island Preserve ` Attention: Summer Camp ` 2683 Little Laurel Rd. Boone, NC 28607

I wish to enroll my child for the following 2024 Summer Camp session:

- 1.) \_\_\_ Young Boys Camp (age 8-10) 7 days \$975 (June 16-22)
- 2.) \_\_\_ Older Boys Camp (age 11-17) 14 days \$1950 (June 23-July 6)
- 3.) \_\_\_ Young Girls Camp (age 8-11) 7 days \$975 (July 14-20)
- 4.) \_\_\_ Older Girls Camp (age 12- 17) 7 days \$975 (July 21-27)



\_\_\_\_\_ Amount enclosed with this application (\$300 deposit reserves the space)

*\*Limited scholarship funds available based on need. If seeking scholarship, please also submit request form along with this application.*

### **Turtle Island Preserve Policy on Gender Identity and Sexual Orientation**

Turtle Island Preserve acknowledges that gender identity is an important issue, and the hope of TIP is to support diversity in all forms. However, with limited facilities and close quarters for sleeping and toilets we do not feel prepared at this time to be able to integrate transgender children into our overnight camps.

TIP is a primitive camp in a wilderness setting. It does not have the capability to provide separate private facilities, including outhouses, creek bathing locations and sleeping cabins, to accommodate more than two genders, those being a biological male and female. Persons with whose sexual orientation or gender identity is different than their sex at birth will not find comfortable facilities to accommodate their private needs. Similarly, the other campers will not feel comfortable sharing private facilities with a person of a mixed identity.

I understand that all questions must be completely filled out with no spaces left blank in order for this application to be accepted, along with a nonrefundable deposit of \$300. The remaining balance is due before May 1. Furthermore, I understand that if full payment is not received by May 1, it will be assumed that my child is not planning to attend, and her/his space may be given to another camper on our waiting list. I grant permission for my child to participate in all Turtle Island Camp activities. I fully understand that my child will be learning to use fire and sharp tools in order to learn certain skills. They will be hiking, swimming, interacting around horses and other farm animals, and playing in a rough wilderness environment. I fully understand that certain accidents may occur and I agree not to hold Turtle Island Preserve Camp, leaders, or staff liable in any way whatsoever. In case of emergency, I authorize Turtle Island Preserve Camp staff to provide and or seek first aid, hospital, and professional care for my child. \*All confidential and private information submitted herein will be handled with discretion and respect.

Registering Parent/Guardian Signature: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date Application was completed: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Age at arrival to camp: \_\_\_\_\_ Current grade level in school: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*This is the address all primary correspondences will go to - as well as while camp is in session - unless otherwise noted.*

**\* Please note which adult(s) in the household should be addressed on the envelope:** \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ Camper's Cell: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Camper's Email: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

*\* If you already know you will be at an alternate address while your child is at camp, please indicate above.*

How did you learn about Turtle Island Preserve? \_\_\_\_\_

Why do you want your child to attend camp at Turtle Island and what do you hope for them to gain from the experience?  
\_\_\_\_\_

Is there anything about attending camp that your child is a little nervous about?  
\_\_\_\_\_

Has your child ever been away from home overnight before? Y / N If so, for how long? \_\_\_\_\_

Describe your child's most challenging behaviors: \_\_\_\_\_

Describe your child's swimming level: \_\_\_\_\_ Are both parents living? \_\_\_\_\_ Together? \_\_\_\_\_

Circle one: Return Camper or First-Time Camper. Does your camper live in a smoking household? Y/N

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

List Camper's siblings and if they have ever attended camp at Turtle Island: \_\_\_\_\_

(PLEASE INCLUDE A RECENT PHOTO OF YOUR CAMPER, WITH THIS APPLICATION)

**MEDICAL INFORMATION** - please print clearly or type

Name of camper: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age at arrival to camp: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Circle One: Male / Female

Describe your child's physical fitness level: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist or Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Certificate/Group # \_\_\_\_\_

**Medical History** (if you answer YES to any, please describe occurrences & list medications.)

Epilepsy: \_\_\_ Diabetes: \_\_\_ Asthma: \_\_\_ (if you have asthma, please bring 3 FULL inhalers)

Heart disease: \_\_\_ Bee-sting allergy: \_\_\_ History of anaphylactic shock: \_\_\_ Other allergies:

When is the last time participant had an allergic reaction? \_\_\_\_\_ Describe what happens when contact is made with allergen: (rash, hives, anaphylaxis, etc): \_\_\_\_\_

Known allergy to any medications: \_\_\_\_\_

List all current medications: \_\_\_\_\_

Is your child up to date on all vaccinations: Y or N Date of last tetanus booster: \_\_\_\_\_

(Girls Camp Only) Is your daughter menstruating yet (on her "moon time")? \_\_\_\_\_

(Girls Camp Only) Is there anything we need to know to support your daughter's physical or emotional needs during her bleeding time? \_\_\_\_\_

List in detail any and all dietary restrictions such as vegetarian/vegan/kosher/food allergies/food concerns:

Describe any past or present medical or health conditions that would be important for us to know: \_\_\_\_\_

Describe in detail any past or current mental, emotional, or psychological limitations which might affect your child's experience or the experience of their bunkmates: \_\_\_\_\_

In case of an emergency, please provide an alternate contact person if **YOU** cannot be reached?

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I verify that the above information is accurate and complete. I give permission for my child to participate in all Turtle Island Preserve Summer Youth Camp activities. I understand that my child will be using various sharp tools in order to learn woodcraft and other primitive skills, that accidents may occur and I will not hold the Turtle Island Preserve Camp or it's leaders liable. In case of emergency, I authorize camp leaders to provide or seek first aid, hospital, and professional medical care for my child. I understand that all campers must be free of all communicable disease and must be lice and nit free for at least 1 week prior to arrival day at camp in order to be accepted into the program. My signature also represents my consent to images of my child taken during camp activities to be used in social media, promotional materials and the Turtle Island website photo gallery, unless otherwise indicated.

Printed name of parent/guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRAVEL, ARRIVAL and DEPARTURE PLANS

How will your child get to and from Camp? Circle one: Car – Bus – Plane - Other: \_\_\_\_\_

Who will drop off and pick up your camper?

Arrival Day name and phone: \_\_\_\_\_ Departure Day name and phone: \_\_\_\_\_

If arriving by car, please refer to our specific driving directions to the check-in point at our WEST ENTRANCE and plan to drop off your camper at 2 PM on Sunday. (\*Please NO early arrivals.)

If departing by car, your options are to either hike into base camp at 7:30 AM to join for breakfast or arrive at 10AM Saturday at the same WEST entrance for pick up. Please circle one: 8AM HIKE or 10AM PICK UP

**If traveling by airplane:** \_\_\_\_\_ Please initial here to confirm that you have read and understand the document:

**Making Flight Arrangements: Considerations for campers arriving by plane.** (it can be found on the Turtle Island website)

**(\*If your child requires transportation to and from the airport there is an additional transportation fee of \$100 per trip)**

Our closest airport is Charlotte, N.C. (airport code CLT)

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Special travel details: \_\_\_\_\_

## AGREEMENT of PARTICIPANTS & LIABILITY RELEASE

I, the undersigned Participant/Camper, or parent/guardian of participant in consideration of the Turtle Island Preserve, Inc. instruction and experience in which I have voluntarily chosen to receive and participate, acknowledge and agree that:

1. I will be given instructions/materials designed to maximize the greatest practical degree of my health and safety.
2. I share in the responsibility for my health and safety during my participation in Turtle Island Preserve, Inc. activities and I voluntarily assume this responsibility.
3. I acknowledge and accept the risks of embarking on this project and adventure including potential damage to or loss of my property and loss of my life.
4. I am acting in reliance upon my own judgment and ability to determine if I or my child is qualified to participate in these activities.
5. I certify that I or my child is medically, physically, mentally, and emotionally healthy - sufficient to participate in Turtle Island activities.
6. I certify that no promise, warranty, or representation has been made to me other than as set out in this written agreement concerning safety or liability.
7. I hereby bind myself, my guardians, attorneys-in-fact, heirs and assigns to release, make no claim against, and indemnify Turtle Island Preserve, Inc., its owner, employees, instructors and agents from all liabilities, losses, costs damages, claims or causes of action of any kind arising from my or my child's participation in these activities or the negligence or intentional acts of the Turtle Island parties.

To assist me in executing my responsibilities, I agree to:

- A. Cooperate in assimilating all instructions and materials that I receive.
- B. Comply with all directions from Turtle Island instructors or employees.
- C. Act with awareness that I have bound myself as set out above.

WARNING: Under North Carolina law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting exclusively from the inherent risks of farm animal activities. Chapter 99E of the North Carolina General Statutes.

WARNING: Under North Carolina law, there is no liability for an injury to or death of a participant in an agritourism activity conducted at this agritourism location if such injury or death results from the inherent risks of the agritourism activity. Inherent risks of agritourism activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury or death. You are assuming the risk of participating in this agritourism activity.

PHOTO RELEASE (optional, BUT this is what allows us to post images on facebook for you to see your kids while at camp)

Please initial here \_\_\_\_\_ to indicate your full consent for release of this participant's image to be used by Turtle Island for web/photo archive and promotional materials.

I have read and understand this document and agree that it will bind me, my child and any of my representatives, including those set out above.

Printed Name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of legal guardian: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**CAMPER INFORMATION SECTION** - To be filled out by camper (with parent help if needed)

Name: \_\_\_\_\_ Age you will be when you arrival at camp: \_\_\_\_ Birth Date: \_\_\_\_\_

My school is: \_\_\_\_\_ Grade you plan to complete this year: \_\_\_\_\_

What overnight summer camps have you attended?

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What are you most looking forward to at summer camp?

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What are you not looking forward to or nervous about at summer camp?

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What are the best things about you?

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What are your interests and hobbies?

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Do you have a friend or relative that might be interested in Turtle Island Summer Youth Camp?

Friend's Name: \_\_\_\_\_ Friend's Parents' Names: \_\_\_\_\_

Phone Numbers and email: \_\_\_\_\_

\*I promise to conform to all the rules and standards of behavior at Turtle Island Preserve or face possible dismissal.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PARENT or GUARDIAN NARRATIVE:**

Please use this final section to submit a detailed narrative about your child, noting their strengths and weaknesses, current struggles and accomplishments. It would help us greatly to be informed of any past injuries or conditions and any life-changing events, (divorce, loss of a loved one, etc.) and any challenges your child is going through or working on, how they relate to their peers, authority figures, and goals you have for them during camp. \*Please feel free to write more on the back of this page if you need more room.

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*Thank you for investing your time and energy to complete this application! We look forward to working with your family.*

